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PUBLIC NOTICE

Public Notice of Proposed Action for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

The South Carolina Department of Health and Human Services (Department), pursuant to the requirements of Section 1902(a)(13)(A) of the Social Security Act, gives notice of the following proposed actions regarding its methods and standards for paying providers under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective for services provided on or after January 1, 2019, the Department proposes to amend the South Carolina (SC) Title XIX State Plan by updating the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Medicaid prospective payment rates using the most recent cost report data available (i.e. July 1, 2015 through June 30, 2016) and the use of the midpoint to midpoint trending methodology and application of the CMS SNF PPS Market Basket rates. The Department also proposes to include phases one and two of the Direct Care Worker add-on relating to direct care worker salary increases provided in the July 1, 2017 and October 1, 2018 ICF/IID rates into the determination of the January 1, 2019 ICF/IID payment rates.

As a result of the above actions, the January 1, 2019 aggregate (i.e. institutional and community residences) weighted average rate is projected to be \$388.51. The aggregate weighted average October 1, 2018 rate was \$370.46. This represents an aggregate weighted average per diem increase of \$18.05 per Medicaid patient day, or a 4.87% increase.

The Department estimates that the proposed actions will increase annual aggregate Medicaid expenditures by approximately \$7.50 million (total dollars).

Copies of this notice are available for public review at each South Carolina County Department of Health and Human Services Office and at www.scdhhs.gov for public review. Additional information regarding these actions is available upon request at the address cited below.

Written comments may be sent to the South Carolina Department of Health and Human Services, Reimbursement Methodology and Policy department, Post Office Box 8206, Columbia, South Carolina 29202-8206. Written and emailed comments must be received by December 27, 2018.

Any written comments submitted may be reviewed by the public at the South Carolina Department of Health and Human Services, Bureau of Reimbursement Methodology and Policy, 1801 Main Street, Room 1226 Columbia, South Carolina, Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M.

Joshua D. Baker
Department of Health and Human Services

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-549-0820 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs.gov.

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:

(1-888-842-3620 رقم هاتف الصم والبكم 888-549-0280)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-549-0820 (TTY: 1-888-842-3620) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang kapek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).

နမူနာကတိကညီ ကျိအလိ, နမူနာ ကျိအတိမစာလါ တလင်ဘူလင်စွာ နိတမံဘာညီသုန့လီ. ကိ: 888-549-0820 (TTY: 888-842-3620)

ကျိအလိ: ၈၈၈-၅၄၉-၀၈၂၀ (ကျိအလိ: ၈၈၈-၈၄၂-၃၆၂၀)။ နံနက် ၈ နာရီ မှ ည ၅ နာရီ အထိ နေ့စဉ် အလုပ်လုပ်ဆောင်ပါသည်။

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် သို့ ခေါ်ဆိုပါ။